MAXIMUS Federal Services

Case Number:	CM14-0012671		
Date Assigned:	02/21/2014	Date of Injury:	04/19/1997
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old female who has submitted a claim for headaches, cervical spine degenerative disc disease, right elbow contusion, and lumbar spine degenerative disc disease; associated with an industrial injury date of 04/19/1997. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck, low back, right elbow, and left knee pain. She also complains of migraine headaches. Physical examination showed no tenderness over the bilateral L4-L5 and L5-S1 paraspinous muscles, left sciatic notch, left posterolateral side, left posterolateral calf, and dorsal and lateral aspects of the left foot. Range of motion was limited. Sensory examination showed decreased sensation to the left lateral foot. MRI of the lumbar spine, dated 11/14/2013, showed multilevel foraminal stenosis at all levels, mild in the upper lumbar spine and moderate to advanced from L3-L4 through L5-S1. Official report was not provided. Treatment to date has included medications, and thoracic and lumbar epidural steroid injection. Utilization review, dated 01/29/2014, denied the request for epidural steroid injection because there was no evidence of radiculopathy to show support for an epidural injection; and denied the request for Fioricet because guidelines do not support its use due to risk of dependence, and this medication actually increases headaches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

T12-L1 epidural steroid injection under fluroscopic guidance QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of low back pain despite medications and previous ESI. The patient has had previous thoracic ESI a year ago which provided relief for approximately 4 months, as stated on a progress report dated 12/11/2013. However, the percent of pain relief, evidence of functional improvement, and reduction in medication intake were not specified. Moreover, physical examination did not show evidence of radiculopathy or neurologic deficits attributable to a lesion at the T12-L1 level. Furthermore, MRI findings do not show significant foraminal narrowing or nerve root compromise at the T12-L1 level. Lastly, the present request as submitted failed to specify the laterality of the intended procedure. The criteria for ESI have not been met. Therefore, the request for T12-L1 epidural steroid injection under fluroscopic guidance qty: 1.00 is not medically necessary.

Fioricet for severe headaches qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: As stated on page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, the patient was prescribed Fioricet for severe headaches. However, guidelines do not recommend its use. Therefore, the request for Fioricet for severe headaches qty: 30 is not medically necessary.